Mailing Address: Financial Conditions PO Box 50540 Charleston WV 25305-0540 Telephone: (304) 558-2100 Facsimile: (304) 558-1365 Email: financial.conditions@wvinsurance.gov www.wvinsurance.gov Location: Financial Conditions 1124 Smith Street Charleston WV 25301

## Surety Bond of Administrators as provided by W. Va. Code §33-46-12(h)

State of	Bond No.:
WHEREAS,	, seeks to become licensed as an "Administrator" as (as revised from time to time), and pursuant thereto, the Insurance Commissioner a bond with an authorized surety in favor of
the State of West Virginia; and	
WHEREAS,	, is prepared to assume the duties; obligations, y W. Va. Codes §§33-46-1 et seq.;
	33-46-12, as amended, requires an insurance administrator, before being of file an approved bond in the lessor of the following amounts:
(1) One hundred thousand dol	lars; or
	gregate total amount of self-funded coverage under church plans or in the administrator's home state and all additional states in which the conduct business.
by, a corp duly authorized to transact business i heirs, executors, administrators, succ	oration existing under the laws of the State of, and n the State of West Virginia, do hereby undertake and bond ourselves, our ressors and assigns, jointly and severally by these presents for the sum of favor of the State of West Virginia to inure for the benefit of any person e §33-46-12, as amended.
penal sum of the bond regardless of	AGREED, that the aggregate liability under this bond shall not exceed the the number of years this bond shall remain in effect, and in no event shall exceed the requirements of W. Va. Code §33-46-12, as amended.

IT IS FURTHER UNDERSTOOD AND AGREED, that the surety may at any time terminate its

All other terms and conditions of W. Va. Codes §§33-46-1 et seq., as amended, and incorporated herein

liability by giving ninety (90) days written notice to the obligee, and the surety shall not be liable for any loss after the expiration of the ninety (90) days except for losses occurring while the bond is in full force and effect.

as though fully set forth, and any rights, obligations and duties imposed thereby shall apply as though

specifically set forth herein.

Signed, sealed and dated this To be effective	-		_,·	
IN WITNESS WHEREOF, p form following:	orincipal and suret	y have executed and	sealed this bond in the	nanner and
	<u>By:</u> (S	ignature & Printed	name of principal)	
THE STATE OFCOUNTY OF				
Before me, the undersigned, appearedsubscribed to the foregoing instrume	nt, and acknowled and that he/she	cipal, known to me lged to me that the s executed the same	to be the person whose ame was the act of said	name is
and consideration therein expressed,	and in the capacit	y therein stated.		
Given under my hand and sea	al of office this	day of	, 20	
Notary Public, State of				
My Commission Expires:				
	By:	(Surety/Comp	any name)	
	By:			
		(Signature & I	Printed name)	

THE STATE OF		
COUNTY OF		
Before me, the undersigned, a notary public in a appeared, sure subscribed to the foregoing instrument, and acknowleds and that he/she	ty, known to me to l ged to me that the sa	be the person whose name is ame was the act of said
and consideration therein expressed, and in the capacity	therein stated.	
Given under my hand and seal of office this	day of	, 20
Notary Public, State of		
My Commission Expires:		